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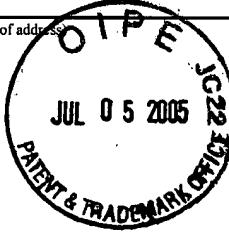
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22434 7590 04/28/2005

BEYER WEAVER & THOMAS LLP
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| | |
|---|--------------------|
| Laura M. Dean | (Depositor's name) |
|  | |
| June 30, 2005 | (Signature) |
| (Date) | |

07/06/2005 GWDR00F2 00000033 09496563

01 FC:2501 700.00 OP
 02 FC:8001 30.00 OP

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/496,563 | 02/02/2000 | Timothy M. Askins | 514292000100 | 6412 |

TITLE OF INVENTION: MULTI-THREADED FRAME SAFE SYNCHRONIZATION OF A SIMULATION

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$0 | \$700 | 07/28/2005 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| CRAIG, DWIN M | 2123 | 703-022000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Beyer Weaver & Thomas LLP
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Centric Software, Inc.

San Jose, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0388 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Alan S. Hodes

Date June 30, 2005

Typed or printed name Alan S. Hodes

Registration No. 38,185

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